

- ☐ Insect
☐ Nematode
☐ Plant ID
☐ Disease
☐ Other

Fee paid: \$ _____

SPECIMEN FOR DETERMINATION

OWNER/CONSIGNEE:	TELEPHONE:
MAILING ADDRESS:	SAMPLE (A):
CITY, STATE, ZIP:	SAMPLE (B):
EMAIL ADDRESS:	SAMPLE (C):
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you wish to receive AWM email news?	SAMPLE (D):

Please check which apply:

- ☐ Residential ☐ Landscape Maintenance ☐ Other: _____
☐ Nursery ☐ Commercial Grower _____

- DIAGNOSIS IS BASED ON THE INFORMATION AND SAMPLE PROVIDED -

ENTOMOLOGY (INSECT): ☐ Alive ☐ Dead Location/Host where found: _____

PLANT PATHOLOGY (DISEASE):

Grown in:	<input type="checkbox"/> Sun	<input type="checkbox"/> Shade	<input type="checkbox"/> Partial	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Shade house	<input type="checkbox"/> Indoors
Watering schedule:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Only when it rains	Other: _____	
Planted on/in:	<input type="checkbox"/> Ground	<input type="checkbox"/> Container	_____			
Soil texture:	<input type="checkbox"/> Sand	<input type="checkbox"/> Loam	<input type="checkbox"/> Clay	<input type="checkbox"/> Decomposed granite	<input type="checkbox"/> Commercial soil mix	
Soil drainage:	<input type="checkbox"/> Well drained	<input type="checkbox"/> Moderately drained	<input type="checkbox"/> Poorly drained	<input type="checkbox"/> Standing water	<input type="checkbox"/> Hardpan	
Chemical applied:	Last application: _____			Rate/Dosage: _____		

Describe problem/situation:

- Please allow at least 10 – 14 days for results -

*** OFFICE AND LABORATORY USE ONLY ***

County ID#: _____ Date received: _____ Received by: _____
Inspector: _____ ☐ Please copy inspector Lab number: _____

DIAGNOSIS:

Determined by: _____ Date: _____